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## Town of Randolph

### Public Health Department

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### Board of Health

Dr. David Kaplan, M.P.H./Ph.D./C.H.O./R.S. *Chair*

Barbara Mahoney, R.N./M.H.A

Dov Yoffe, R.N./A.S.D

Patricia M. Cedeño-Zamor, Ph.D/M.S.W/M.H.A

## Food Establishment Permit to Operate Application, 105 CMR 590.12

Establishment Name:

Establishment Address:

Establishment Phone Number:

What is the best mailing address for you to receive the permit, applications or other documents?

Email Address for Owner:

24Hr Emergency Email Address for Food Safety Recalls / Notifications:

Legal Owner(s) / Applicant Name & Title:

Phone: 24 Hour Emergency Phone:

Address of Legal Owner(s) / Applicant:

Person Directly Responsible For Daily Operations (PIC)

PIC Name & Title:

24 Hour Emergency Phone for PIC:

Email Address for PIC:

Number of Persons who are Certified Food Protection Managers:

*Note: Provide paper copies of Serve Safe or Food Protection certificates with the renewal application.*

Number of seats: If number of seats more than 25, one person per shift must be trained in choke saving.

One Person (*per shift*) Trained in Choke Saver Procedures: Yes No

*Note: Provide paper copies of Choke Saver certificates with renewal application.*

Check all categories that best describes your business:

School/Daycare

Fast Food/Take Out

Restaurant

Grocery Store

Nursing Home

Group Home

Caterer

Hotel/Motel/Inn/Lodging

Place of Worship

Function Hall

Convenience Store

Frozen Yogurt/Ice Cream

Other:

Days and hours of operation:

**Answer the following questions to complete the application:**

For establishments serving food, a plan is in place for excluding and restricting food employees from working if they become ill or they live with a person who is ill with a disease which is transmissible through food. If the employee becomes symptomatic, they will need to be excluded from work. *For more information, see FC 2-201.12, Exclusions and Restrictions, (105 CMR 590.003(D)).*

Yes, a plan is in place

No, we may need assistance in developing a plan.

For establishments serving food, provide the number of persons who have completed Allergen Awareness Training:

*Note: Provide paper copies of Allergen Awareness training certificates with the renewal application.*

For establishments serving food, a plan is in place in case of an emergency, (*power outage, sewer back up, water service interruption or fire*). A Food Emergency plan is in place to keep the food safe and prevent any food borne illness to the public. In addition, I understand that the *Person In Charge* is required to contact the Randolph Health Dept. when experiencing an emergency so that the Health Dept. is aware of the food establishment's response activities.

Yes, a plan is in place

No, we may need assistance in developing a plan.

In addition to the requirements of 105 CMR 590.000, there are Randolph Board of Health requirements to have a Person In Charge, (PIC), monitor dumpsters, monitor grease waste.

Yes, I am aware of the Local Regulations

No, I was not aware of the Local Regulations.

**Annual inspections based on your risk level;** your food establishment will receive an unannounced risk based food code inspections. They may take place during your food preparation times and before or after your normal hours of food service. The expectation is that the food protection manager will greet the Inspector and provide access to the establishment as needed. For more information, see FC §8-402.11.

**Acknowledgment**

I have read the contents of this Food Permit Renewal Application, and I understand and agree to the provisions listed in the document. I understand that no food service related equipment will be replaced or renovation work will be done before seeking permission from the Randolph Health Department and Board of Health.

I attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. Pursuant to MGL Ch62C, sec 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

**Name:**

**Title:**

**Signature of Individual or Corporate Name:**

**Date:**

**Social Security Number or Federal ID No:**